# Ostomy Association of Greater Chicago

# The New Outlook

October 2015



# NEXT MEETING Wednesday, October 21, 7:30 pm

Lutheran General Hospital 1775 Dempster St., Park Ridge, IL

Different location - this month Johnson Auditorium G Level - Enter Parkside Center

#### Last Months' Meeting (our 452nd)

Last month we welcomed Inspirational Speaker Natasha Nieratko-Jones. She told us her story of cancer at 8 years old and ileostomy surgery in 2012. Though life hasn't always been easy, Natasha has learned to find the joy in everyday moments. She led a discussion encouraging us to tell something joyful in our lives. We all find joy in this group, the support we receive and the ostomy friends we've made through the years. We find joy in restored health, being able to work, spending time with family and friends and on and on. What an uplifting meeting!

Fred, celebrating 59 years with his ostomy, brought sliders for everyone. He shared with us what it was like to have an ostomy 59 years ago. There were no support groups, no source of good supplies, which were rubber and had to be changed everyday. There was no odor protection and he cleaned his skin and "faceplate" with ether; doing so with an open window so he wouldn't fall asleep. After this, we all found the joy in today's wonderful supplies and medical professionals!!

The featured speaker for Wed., Oct. 21 is LCSW Stephanie Horgan, from Oak Park Behavioral Medicine who will discuss psychosocial issues.

Occasionally we are assigned a different meeting room by the Hospital. This month we will meet in the Johnson Auditorium on the G level of the Parkside Center. If you park in the attached underground garage and enter the Hospital through the Parkside Center, the Auditorium is on the left. There are no stairs to navigate.

Paper is so 20th century! Thanks to everyone who voluntarily receives this newsletter via email. If you have Internet access, you can save us money by joining our electronic distribution list. To try the electronic version, send e-mail request to: uoachicago@comcast.net

Be sure to add us to your address book or safe sender's list, and **check your email inbox**.



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#### Ostomy Association of Greater Chicago (OAGC)

Established 1975

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#### **Wound Ostomy Continence Nurses (WOCN)**

Bernie auf dem Graben	773-774-8000
Resurrection Hospital	
Nancy Chaiken	773-878-8200
Swedish Covenant Hospital Teri Coha	773-880-8198
	//3-000-0190
Lurie Children's Hospital	773-702-9371 & 2851
Jan Colwell, Maria De Ocampo, Michele Kaplon-Jones	773-702-9371 & 2631
University of Chicago	
Jennifer Dore	847-570-2417
	847-370-2417
Evanston Hospital Kathleen Hudson	212 042 7099
	312-942-7088
Rush University Surgeons & Ostomy Clinic	212 042 5021
Robert Maurer, Laura Crawford	312-942-5031
Rush University Medical Center	0.47, 022, 6001
Madelene Grimm	847-933-6091
Skokie Hospital-Glenbrook Hospital	
North Shore University Health System	
Connie Kelly, Mary Kirby	312-926-6421
Northwestern Memorial Hospital	
Kathy Krenz & Gail Meyers	815-338-2500
Centegra-Northern Illinois Medical	
Marina Makovetskaia	847-723-8815
Lutheran General Hospital	
Carol Stanley	847-618-3125
Northwest Community Hospital	
Nancy Olsen, Mary Rohan	708-229-6060
Little Company of Mary Hospital	
Kathy Garcia, Jola Papiez	708-684-3294
Advocate Christ Medical Center	
Sandy Fahmy	847-316-6106
Saint Francis Hospital	
Nancy Spillo	847-493-4922
Presence Home Care	
Colleen Drolshagen, Becky Strilko, Barb Stad	ler 630-933-6562
Central DuPage Hospital	
Kathy Thiesse, Nanci Stark	708-216-8554
(Ginger Lewis-Urology only 708-216-5112)	
Loyola University Medical Center	
Alyce Barnicle (available on as needed basis of	only) 708-245-2920
LaGrange Hospital	
Sarah Greich	219-309-5939 or 219-983-8780
Porter Regional Hospital & Ostomy Clinic	
V-1	

#### **National UOAA Virtual Groups**

Valparaiso, Indiana

Continent Diversion Network: Lynne Kramer	215-637-2409
Familial Adenomatous Polyposis (FAP) Foundation: Travis Bray	334-740-8657
Friends of Ostomates Worldwide - USA: Jan Colwell	773-702-9371
GLO Network: Fred Shulak	773-286-4005
Ostomy 2-1-1: Debi K Fox	405-243-8001
Pull-thru Network: Lori Parker	309-262-0786
Quality Life Association: Judy Schmidt	352-394-4912
Thirty Plus: Kelli Strittman	410-622-8563

# <u>Upcoming Meetings at Lutheran General Hospital</u> October 21, 2015 – Stephanie Horgan, LCSW, OPBMed

The emotional and social aspects of living with an ostomy or caring for someone with an ostomy.

#### December 9, 2015 - Holiday Party

[We are moving in January 2016. Details on page 6.]

#### Additional area support groups:

#### Northwest Community Hospital

Arlington Heights. 2nd Thurs at 1:00 pm every other month. 10/8, 12/10. All 2015 meetings will be in the Kirchoff Center, 901 Kirchoff, Conference room 1. Contact Carol Stanley 847-618-3215, <a href="mailto:cstanley@nch.org">cstanley@nch.org</a>

#### Southwest Suburban Chicago

The third Monday at 6:30pm, Little Company of Mary Hospital, Evergreen Park. Contact Edna Wooding 773-253-3726, swscost@gmail.com

#### Sherman Hospital, Elgin

The second Wednesday of each month at 2 pm. Lower level Conference B. Contact Heather LaCoco 224-783-2458, Heather.Lacoco@Advocatehealth.com or Tom Wright, tomwright122@att.net

#### **DuPage County**

The fourth Wednesday at 7:00pm, Good Samaritan Hospital, Downer's Grove in the Red and Black Oak Rooms by the cafeteria. Contact Bret Cromer 630-479-3101, bret.cromer@sbcglobal.net

#### Aurora

The second Tuesday at 7:00pm, Provena Mercy Center. Contact John Balint 630-898-4049, balint.john@yahoo.com

#### Will County

2:00 p.m. the last Saturday of Feb, Apr, Aug and Oct in the Riverside Medical Center Board Room, next to the cafeteria. Also a June picnic and December holiday party. Charlie Grotevant 815-842-3710, charliegrtynt@gmail.com

#### Lake County Illinois

Hollister in Libertyville, 10:00am the 3rd Saturday, every other month. Jan, March, May, July, Sept, Nov. Contact Barb Canter 847-394-1586, <u>barb1234@sbcglobal.net</u>

#### Loyola University Health System, Maywood

The 2<sup>nd</sup> Wednesday of the month at 7:15 in the Cardinal Bernadine Cancer Center 2<sup>nd</sup> floor Auditorium A. Contact Robin Handibode 708-205-6664 or Nanci Stark, WOCN 708-216-8554, <a href="mailto:nhstark@lumc.edu">nhstark@lumc.edu</a>

#### Valparaiso, Indiana

Porter Regional Hospital, 1<sup>st</sup> floor Community Room. 6:30 pm the 4<sup>th</sup> Thurs., Jan – Oct. Contact Sarah Greich 219-309-5939, Sarah.Greich@porterhealth.com

#### Here and Now

with Patricia Johnson

#### The Road to Life

For children, doing something new is a constant. Everyday they meet challenges and conquer them. When learning to stand and walk, their view of the world expands and gets bigger with each step. The first day of kindergarten, high school, college, their lives change and their world grows even bigger. As we get older the frequency of doing something new seems to lessen. We can also decide what changes we want to make. Choosing to change often challenges us to step out of our comfort zones. Sometimes the road of life stops and changes direction and we are faced with changes and challenges not of our choosing such as having to find a new job, moving to a new city, radical surgery to cure an illness such as U.C., Crohn's, or cancer. Children seem to take change in stride and move forward. As we get older it also seems to become harder to accept change, or make a decision to change. But if we don't change we risk standing on the side of the road and missing out on the fun. Although mastering a change thrust upon us is often difficult, to move forward in our lives we must do so, just as children pick themselves up and take a few more steps each time before they can run.

At the UOAA conference in early September Katherine Jeter, a retired WOCN, was one of the speakers. She is now 80, fit and having fun. She is on the road to life, not sitting on the side. She made a decision to change, and started riding a bike at 69. At age 73 she rode that bike across the country from California to Florida. This was not an overnight change. She worked at it and there were bumps along the way, one of which was a long and debilitating illness that literally knocked her off her feet. But she didn't stay down, she got up and climbed Mt. Kilimanjaro. She spoke about getting fit, eating healthy, and exercise.

Katherine used the analogy of cars; tuning the engine for maximum performance, not letting your body rust out, getting it out of park, checking your gages, fueling up, revving your engine and going down the road to vim and vigor.

She encouraged us to make changes and set goals for a healthier, happier life. Katherine stated that



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fifty percent of illnesses and injuries in the last 3rd of life can be eliminated by changes in lifestyle. "Exercise is medicine", she said. You must decide that you are not too old or too busy to exercise. Find an exercise that fits you. We don't all have to start riding a bike. Walking, running, canoeing, hiking, what is it YOU want to do. Furthermore, we learned that Osteoporosis is a preventable disease curtailed by weight bearing exercise. And exercise makes for more energy and more fun. Get a fit bit to track how you are doing each day. For those of us who are fashion conscious even when exercising, she told us, "Rubber jewelry has become very fashionable."

Getting ready includes "doing what you gotta do to do what you want to do". You have to tune your engine for maximum performance. Check your gages: BMI, should be between 18.5 - 24.9, LDL between 100 - 129 mg, HDL 60 mg, total cholesterol 200 mg, tri glycerol ides - 150 is normal, blood pressure 120/80, blood sugar between 70 - 120 mg. Fuel your engine with natural foods not processed food and watch your portion sizes. Set a definite goal by a definite date. You're ready, put on those new workout clothes, fasten on your fit bit and do it! You will make new friends, meet other people who enjoy doing what you enjoy, and it will be fun!

We all face challenges. How we respond to them will determine whether or not we sit on the sidelines or drive down the road for a healthy and fun ride. Choose to live life well.

Life is good

# **Mark Drug Medical Supply**

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#### **NSAID Warning**

Gregory Curfman, MD, Harvard Health Publications

Back in 2005, the FDA warned that taking nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen and naproxen increased the risk of having a heart attack or stroke. Last week it took the unusual step of further strengthening this warning. This was done on the advice of an expert panel that reviewed new information about NSAIDs and their risks. Because NSAIDs are widely used, it's important to be aware of downsides of taking an NSAID and to take steps to limit the risk.

Many people take NSAIDs to relieve mild to moderate pain. These medications may be particularly effective in conditions in which pain results primarily from inflammation, such as arthritis or athletic injury. Examples of commonly used overthe-counter NSAIDs include ibuprofen (Motrin, Advil) and naproxen (Aleve); celecoxib (Celebrex), diclofenac (Cataflam, Voltaren) are prescription NSAIDs. Aspirin is also an NSAID, but it does not pose a risk of heart attack or stroke and is not covered by this new warning.

For more than 15 years, experts have known that NSAIDs increase the risk of heart attack and stroke. They may also elevate blood pressure and cause heart failure. The risk of heart attack and stroke achieved special notoriety with rofecoxib (Vioxx), a type of NSAID called a COX-2 inhibitor. It caused as many as 140,000 heart attacks in the U.S. during the five years it was on the market (Vioxx was removed from the market in 2004). The regrettable experience with Vioxx raised awareness about the cardiovascular risk of NSAIDs, and led to further studies showing that the risk is not limited to Vioxx but is associated with all NSAIDs.

The new warnings from the FDA point out:

- Heart attack and stroke risk increase even with short-term use, and the risk may begin within a few weeks of starting to take an NSAID.
- The risk increases with higher doses of NSAIDs taken for longer periods of time.
- The risk is greatest for people who already have heart disease, though even people without heart disease may be at risk.
- Previous studies have suggested that naproxen may be safer than other types of NSDAIDs, but the new evidence reviewed by the expert panel isn't solid enough to determine that for certain.

#### Using NSAIDs safely

Taking an NSAID for a headache, or for a few days to ease a sore shoulder isn't likely to cause a heart attack or stroke. It's more prolonged use that can get risky.

In view of the new warnings, it is best for people with heart disease to avoid NSAIDs if at all possible, and for everyone who is considering taking an NSAID to proceed with caution. Here are some strategies:

- It's important to take the lowest effective dose, and limit the length of time you take the drug.
- Never take more than one type of NSAID at a time. There appears to be risk associated with all types of NSAIDs.
- Try alternatives to NSAIDs such as acetaminophen. It relieves pain but does not appear to increase heart attack or stroke risk. However, acetaminophen can cause liver damage if the daily limit of 4,000 milligrams

- is exceeded, or if you drink more than three alcoholic drinks every day.
- If nothing else works and you need to take a NSAID for arthritis or other chronic pain, try taking week-long "holidays" from them and taking acetaminophen instead.
- If you experience chest pain, shortness of breath, or sudden weakness or difficulty speaking while taking an NSAID, seek medical help immediately.

#### Winter and Cold Weather

There is indeed more concern over heat and its affects on ostomy appliances than cold. Colder climates are actually far more ideal than excessively hot temperatures when it comes to ostomy appliances, but dry air can sometimes be an issue, causing dryness and irritation. A dry skin surface is actually the best condition for applying adhesives and ostomy appliances, but excessive dryness on any part of the skin (especially parts covered with adhesives and appliances) are more susceptible to irritation. A solution for dry air may be to try a low-cost humidifier indoors to increase the moisture in the air. Use moderation in how much humidity you increase indoors, however, as excess moisture can cause adhesives to loosen, and can also cause issues with mold in the home. How much humidity is good? Sticking within a range of 30-50% relative humidity (measured with a hygrometer) is a good range to keep skin from getting too dry without overwhelming you or vour home.

#### Vendor Fair

The DuPage County Ostomy Support Group is hosting a Vendor Fair at Good Samaritan Hospital, 3815 Highland Ave, Downers Grove on Wednesday, October 28 at 7:00 pm. This is an Open House event being held in the Red and Black Oak Rooms by the cafeteria.

# Features of a Healthy Stoma



- Stoma should ideally be above the skin level.
- It should be red and moist. (pallor may suggest anemia; dark hue may represent ischemia).
- No separation between the mucosa (stoma's edge) and the skin.
- No evidence of abnormal redness, rash, ulceration or inflammation in the surrounding skin.

#### What does the color of your stool mean?

Compiled from the U.S. National Library of Medicine

Black stools: Black stool can be the result of eating certain foods, taking iron supplements, Pepto-Bismol or other medicines containing bismuth. Black, tarry stools with a foul odor can indicate internal bleeding in the upper digestive tract.

Red or maroon stools: Red or maroon stools could be from something benign, such as eating red-colored foods, or it could be caused by bleeding from several different conditions, including hemorrhoids, anal fissures, colon polyps or colon cancer, diverticular disease, or inflammatory bowel disease. Blood may coat the stool, be mixed in with the stool or even passed without any stool at all.

Green stool: Green stool may be caused by green or artificially-colored foods, iron supplements, infectious gastroenteritis, or decreased colonic transit time. In newborns, green stools are common in the first few days of life.

**Orange stool:** Potential causes of orange colored stools include medications such as beta-carotene and Rifampen, or foods high in beta-carotene.

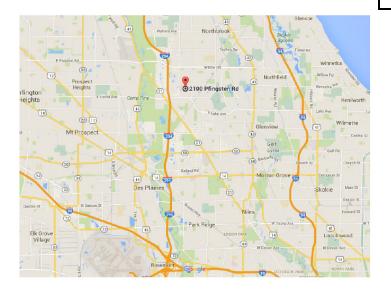
Pale or clay-colored stools: Stools that appear pale or look like clay could be the result of lack of bile salt (which gives stool a brownish color), antacids containing aluminum hydroxide, barium from a recent barium enema test, or liver disease such as hepatitis or obstructed bile ducts. Yellow skin (jaundice) often occurs with clay-colored stools, due to the buildup of bile chemicals in the body.

#### We're Moving in January 2016!

In order to maintain and continue the growth we've experienced over the last few years we have discussed the possibility of moving our general meetings to a new location. An excellent opportunity arose this year to be a sponsored support group at **Glenbrook Hospital** in the Northshore University Health System. Our sponsor, CWOCN Madelene Grimm, has supported us for years, leading informational sessions at meetings and Regional Conference.

Glenbrook Hospital, located at 2100 Pfingsten Rd., Glenview, is approximately 4 miles north of Lutheran General, where we meet now.

If you use I-294 you will take the Willow Rd Exit east to Pfingsten south to the Hospital.



There is abundant free parking including many handicapped spaces directly in front of the hospital. Our meeting room is on the first floor. Upon entering the hospital (main entrance) you will take the hallway to the left. There is also a staffed information desk inside this entrance.

We've also discovered many conflicts with Wednesdays, so beginning in 2016 we will meet the 3rd TUESDAY at 7:30pm.

Additional details and directions will be included in upcoming newsletters and emails, and posted on our website.

We are very excited about the new opportunities afforded us by joining Northshore Health Systems and look forward to a dynamic future!

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Meet Stephanie Horgan at our meeting Wednesday, October 21. Ms. Horgan is a Licensed Clinical Social Worker who received her master's degree at Loyola University Chicago.

# Following your doctor's advice

Mayo Clinic

To get the most from your appointment, make sure you understand and can use your doctor's advice when you get home.

Ask for written instructions. Have your doctor list the main points as you discuss them. Or request brochures, videos or websites about the topics you discuss.

Know your prescription. Ask why this drug is best. Find out what you can expect from it, including side effects and how to take it correctly.

**Expect explanations.** Be sure you know why a test is ordered, what it will involve, what the risks are, and how and when you'll learn results.

Repeat what you hear. This process allows your doctor to identify any instructions that aren't clear.

Solve problems together. If you don't think it's realistic to follow your doctor's recommendations, speak up. For example, financial restraints might keep you from buying a certain medication. Your doctor may know of a less expensive generic medication that will work just as well.



# Save the Date 3rd Annual Friends of Ostomates Worldwide USA Fundraiser

WHEN: Sunday, October 25, 2015, 2:00 - 5:00pm

WHERE: The Painted Penguin, Family Activity Center, 2244 Fox Valley Mall, Aurora, IL

Help Friends of Ostomates Worldwide-USA by joining us for:

- Painting
- Take Home Artwork
- Refreshments
- Raffle Prizes
- Silent Auction

#### All Ages Welcome!

If you are interested in attending or donating items for our silent auction and raffle please contact us: Call (847) 764-0891 or email info@fowusa.org
If you have new supplies you cannot use, bring them to this event to donate.



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#### Cancer Support

Northwest Community Healthcare

A diagnosis of cancer can be devastating for both the patient and his or her family. Family roles may suddenly change. Underlying problems may come to the forefront.

Life can start to feel like an emotional roller coaster. Some of the common emotions, according to the National Cancer Institute (NCI), include:

- grief, sadness, loss
- fear, stress
- anger, guilt
- confusion, distraction
- disbelief, denial

There may be financial worries as well as emotional ones. In addition, NCI says mental or emotional problems such as anxiety or depression may develop or worsen in patients and family members who are already affected by these disorders. All of these things can generate a host of conflicting emotions for everyone involved.

NCI says your body may react to the stress and worry of having cancer with physical changes too, including:

- faster heartbeat
- headaches or muscle pains
- feeling shaky or dizzy
- feeling sick to your stomach
- sleeping too much or too little

#### **Patients**

Patients may feel alone and misunderstood by friends and relatives. The American Cancer Society says they may be under huge amounts of stress trying to continue working while going through their cancer treatments. Or they may be frustrated because of their inability to continue working and providing for their families. They may feel overwhelmed by their responsibilities and physically exhausted at the same time.

#### Family members

ACS says loved ones are affected too. Family members may feel helpless and even resentful over what's going on. When a child has cancer, parents may fear letting him or her out of sight. An adult cancer patient's young children may not understand all the upheaval around them. Older children may feel guilty because they want to go on with their normal lives. Family members may even feel anger at the patient for getting sick, and then feel angry at themselves for even thinking that way.

#### Finding support

Many experts feel it's important for families to discuss their conflicting emotions. Some families may be able to do this themselves. But many may need some kind of outside assistance.

Hospital social workers or therapists can be a great help in this area. They can help patients and their families understand some of the changes they're experiencing. Hospital social workers can also

provide referrals to mental health professionals in the community who are trained in this area.

Many county health departments also include psychological services and/or referrals. Community service organizations and local clergy members can offer help in this area too.

In addition, many patients and family members find self-help groups to be a wonderful resource. NCI says support groups have been shown to improve mood, encourage the development of coping skills, improve quality of life and improve immune response. These groups can provide a place for patients and their families to interact with others who are dealing with or have dealt with cancer. Many people find that it helps to talk about their emotions with others who can directly relate to their feelings. Self-help groups can also be a source of support for those who don't have a strong network of family or friends.

#### Just For Today

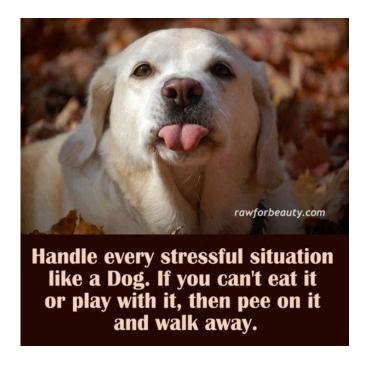
Written by Sybyl F Partridge in 1916

- 1. Just for today I will be happy. This assumes that what Abraham Lincoln said is true, that "most folks are about as happy as they make up their minds to be." Happiness is from within; it is not a matter of externals.
- 2. Just for today I will try to adjust myself to what is, and not try to adjust everything to my own desires. I will take my family, my business, and my luck as they come and fit myself to them.
- 3. Just for today I will take care of my body. I will exercise it, care for it, nourish it, not abuse nor neglect it, so that it will be a perfect machine for my bidding.
- 4. Just for today I will try to strengthen my mind. I will learn something useful. I will not be a mental loafer. I will read something that requires effort, thought and concentration.
- 5. Just for today I will exercise my soul in three ways; I will do somebody a good turn and not get found out. I will do at least two things I don't want to do as William James suggests, just for exercise.
- 6. Just for today I will be agreeable. I will look as well as I can, dress as becomingly as possible, talk low, act courteously, be liberal with praise, criticize not at all, nor fault with anything and not try to regulate nor improve anyone.
- 7. Just for today I will try to live through this day only, not to tackle my whole life problem at once. I can do things for twelve hours that would appall me if I had to keep them up for a lifetime.
- 8. Just for today I will have a program. I will write down what I expect to do every hour. I may not follow it exactly, but I will have it. It will eliminate two pests, hurry and indecision.
- 9. Just for today I will have a quiet half hour all by myself and relax. In this half hour sometimes I will think of God, so as to get a little more perspective into my life.
- 10. Just for today I will be unafraid, especially I will not be afraid to be happy, to enjoy what is beautiful, to love, and to believe that those I love, love me.

If we want to develop a mental attitude that will bring us peace and happiness, here is Rule #1: Think and act cheerfully, and you will feel cheerful.

## Controlling Urine Odor

If you have a urostomy, you might be concerned about urine odor. Certain foods, such as asparagus, fish, garlic, onions and beer can cause a stronger urine odor. According to the Academy of Nutrition and Dietetics, you can minimize that by drinking plenty of water, cranberry juice or other non-caffeinated beverages daily.



# Electroceuticals CNBC March 2015

A few years ago, Moncef Slaoui, then GlaxoSmithKline's head of research, challenged his team to come up with a new pillar of medicine.

The British drug maker already makes traditional small-molecule pills and biologic therapies made with living cells, and it sells vaccines and consumer products. One area not yet tapped by medicine? The electrical signals that govern many of the functions in our bodies.

By better understanding our bodies' electrical systems, GSK hopes to design technology small and smart enough to manipulate them and possibly conquer diseases from rheumatoid arthritis to asthma to diabetes.

"If we look 10 years out, we should have a number of tiny devices—we call them bioelectronic medicines, because they are medicines—that will be treating conditions we use molecular medicines for today," Kris Famm, head of GSK's bioelectronics research and development unit, said in a telephone interview. "We are quite convinced this can be a class of new therapies."

The technology GSK envisions, which is also known as electroceuticals, would involve implanting tiny devices on nerve bundles associated with specific organ functions. Its broadest applications are still years from the market, but Famm said he thinks the biology is becoming well-enough understood that the challenge becomes one of engineering: being able to miniaturize electronic devices enough to very specifically stimulate certain nerves, and do so in an autonomous way, detecting and reacting to problems in the body. The approach should be so specific it avoids the off-target side effects that can derail otherwise promising medicines, he said.

Did you get your flu shot yet?



Mayo Clinic Staff

This year's annual flu shot will offer protection against H1N1 flu virus, in addition to two other influenza viruses that are expected to be in circulation this flu season. A vaccine that protects against four strains of the virus will also be available, as will a high-dose flu vaccine for adults age 65 and older.

If you have a current or past diagnosis of cancer, you may be at higher risk for complications if you get the flu. A cancer survivor should receive the seasonal flu shot, not the nasal spray vaccine. Remind your family to get the flu shot as this will also reduce your risk of being exposed to the virus from others around you.

Try to be a rainbow in someone's cloud.

Maya Angelou

## "Yogi-isms"

Yogi Berra was admired for his baseball talent, but he was also beloved as an American original because of his unique 'Yogi-isms.'

The New York Yankees Hall of Famer, who passed away last month, was the king of creatively mangling the English language into quotable quips that strangely made sense, made people laugh, or both.

- 1. It ain't over 'til it's over.
- 2. It's deja vu all over again.
- 3. You can observe a lot by watching.
- 4. Nobody goes there any more. It's too crowded.
- 5. Never answer an anonymous letter.
- 6. It gets late early out here.
- 7. Baseball is 90 percent mental. The other half is physical.
- 8. When you come to a fork in the road, take it.
- 9. Take it with a grin of salt.
- 10. You should always go to other people's funerals; otherwise, they won't come to yours.
- 11. I think Little League is wonderful. It keeps the kids out of the house.
- 12. I never said most of the things I said.

## Aging and the Ostomate

Oakland County, MI

Growing old is a life-long process, and the physical, social, and psychological liabilities of aging are all part of it. Thanks to gerontology and geriatrics, we know more information than ever before on an intelligent approach to aging.

As we grow older, subtle changes occur in our bodies. The most insidious is our skin. It loses elasticity and becomes thinner and drier, thus becoming prone to wrinkles and irritation. These changes can become real problems for those who must wear an appliance all the time. To prevent leakage as the skin becomes more wrinkled, one should stand or sit up straight when changing the appliance. With one hand, stretch the skin so that it is tight, and with the other hand attach the appliance (using a mirror may help you see what you are doing).

The skin over the entire body tends to bruise more easily and heal more slowly as we age. We need to be more careful when removing an appliance. A skin

barrier covering the entire area under the appliance, or a very thin application of a skin-care product may help protect the tender skin.

Aging may also result in less strength in the hands. Arthritis, lessening mobility, or pain in the fingers can make it difficult to put together a two-piece appliance. A one-piece appliance may eliminate the task of stretching a pouch over a faceplate. To sum it up, aging is a phenomenon we must all face, and when one considers the alternative, it's not too bad!

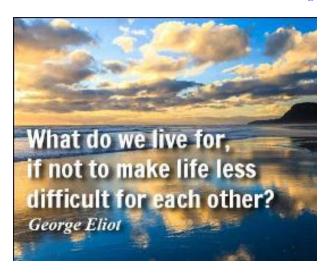
#### **CCFA Annual Gala**

October 24, 2015

6:00 - 10:00 PM | Chicago, IL, Illinois

CCFA Annual Gala at Ditka's Restaurant, Chicago. Celebrate at our Annual Dinner Event while enjoying entertainment, participating in raffles and a live auction and raising funds for our important mission. We look forward to honoring those that have made a difference- **Dr. Russell Cohen** and **Ally Bain**, known for her work in helping pass the Restroom Access Act.

Additional information available at www.ccfa.org.



The Ostomy Association of Greater Chicago would like to offer our congratulations to Allyson 'Ally' Bain for this well-deserved honor. We admire her tireless efforts on behalf of those with Crohn's, colitis and ostomies. She is an inspiration to all who meet her.

# Ostomy ~ The New Normal

## Ostomy Association of Greater Chicago

Confidential Membership Application

We invite you to join our association. You are especially welcome if you have an ostomy, are preparing for surgery, are a healthcare professional and/or have a loved one who has had surgery. We are a completely volunteer-operated ostomy support group. Our mission is to support, educate and advocate for people with ostomies.

Name								
Address								
City			State_		Zip			
E-mail				Phone				
Type of Ostomy:	Colostomy	lleostomy	Urostomy	Continent P	rocedure			
Date of surgery			_ Age Group	<21 22–36 37	7–50 51–65	66–80	80<	
Attend one of our general meetings. There are always friendly people to talk with you. You may even want to participate in our association's leadership. We always need talented people to share in our good work. Membership is free (our funds come primarily through donations). Please mail this application to								

Judy Svoboda, President 605 Chatham Circle, Algonquin, IL 60102 Or sign up online at: www.uoachicago.org/membership

A very special thank you to everyone who donates to our association. Our largest expense, the cost of printing and mailing this newsletter, is continually increasing and is only made possible through the generous donations of our members.

To make a tax-deductible donation, please make check payable to Ostomy Association of Greater Chicago or OAGC and bring to a meeting, or send to

> Tim Traznik Treasurer/OAGC 40 Fallstone Drive Streamwood, IL 60107

Donations can also be made online using a credit card: www.uoachicago.org/donations



"Courage doesn't always roar. Sometimes courage is the little voice at the end of the day that says I'll try again tomorrow."

- Mary Anne Radmacher

The information contained in this newsletter and on our website is intended for educational purposes only, and is not a substitute for the medical advice or care of a doctor, surgeon, WOCN, licensed pharmacist or other health care professional.

# The New Outlook 514 Knox St. Wilmette, IL 60091

Return Service Requested



We invite you to attend our general meetings. Relatives, friends, doctors, and nurses, as well as our members—any interested people—are invited and welcome. Our association has a team of trained volunteer listeners available to discuss the concerns of patients. Healthcare professionals and families are urged to use this free benefit. When you know of a patient who would like to talk to a person who has been there and done that, please call the visiting chairperson (see page 2).